

Coronavirus Disease 2019 (COVID-19)

FAQs for Wildland Firefighters

What steps can be taken by wildland fire personnel to prevent infection and spread of COVID-19? How can a crew, module, or resource "isolate as a unit" to better protect themselves?

The best way to prevent COVID-19 is to avoid being exposed to SARS-CoV-2, the virus that causes COVID-19. All firefighters and support personnel should have a basic understanding of COVID-19, how the disease is thought to spread, what the symptoms of the disease are, and what measures can be taken to prevent or minimize the transmission of the virus that causes COVID-19.

During the fire season, it will be important that members of each fire crew or module make an effort to operate and isolate as a unit. Management will need to develop and implement procedures and protocols to prevent possible exposures to the virus. When possible, crews should not interchange personnel or equipment between units and should limit the number of personnel who must interact with people in the community (e.g. fueling vehicles, picking up supplies, etc.). This will require planning and using technology to safely accomplish tasks while maintaining social distancing as much as possible. This may include implementing procedures that allow fire crews or incident management personnel to stay remote, isolate from other units, or complete tasks or missions virtually. If close contact with others in the community is necessary, it is advised that all personnel wear facemasks or cloth face coverings for source control.

Wildfire management and personnel should prioritize reducing fatigue and remaining healthy throughout the fire season. Rest and proper hydration and nutrition should be prioritized and emphasized every workday.

In many situations, fire personnel travel from many different geographic locations and live and work closely in shared living spaces, such as bunkhouses, during the fire season. In these situations, how do you prevent infection and spread of COVID-19 for co-workers or crewmates?

When personnel arrive to their duty stations, it is recommended that management provide separate spaces for the personnel to socially distance themselves from others on their crew for 14 days, if possible. During this period, personnel should take special precautions to limit any close interactions with other people (maintaining at least 6-feet distance) and avoid sharing kitchens, living spaces (bedrooms), bathrooms, or household items.

If shared living spaces and common areas must be utilized during the initial 14 day period after reporting, all personnel should still practice social distancing (maintaining at least 6 feet distance from one another), wear cloth face coverings, and frequently clean and disinfect shared and high touch surfaces. Personnel should also consider sleeping in opposite directions (head to toe) and avoid using bunk beds in shared sleeping quarters. Management should also consider increasing ventilation rates and/or the percentage of outdoor air that circulates within the shared living and working areas.

When feasible, management should employ mechanisms to support their employees and limit employees' interactions with others during this period. This may include online ordered and delivered groceries, delivered meals, and virtual and online training tasks.

After the initial 14-day period is over, fire crews and modules who work together and do not have regular interactions with other people can isolate as a unit. During this time, personnel should continue to cover their mouth and nose with tissue or elbow when they cough or sneeze, perform proper hand hygiene and frequently clean and disinfect shared spaces, vehicles, and equipment with EPA-registered disinfectants in that are appropriate for the surface and effective against SARS-CoV-2, following label instructions. If a crew operates as a unit, it is not necessary for crew members to wear face coverings unless they are not feeling well or interacting with the public (consistent with CDC guidelines for households living in close quarters). If interactions with the general public must occur, all personnel should practice social distancing, wear cloth face coverings, perform hand hygiene, and disinfect surfaces, objects, or items that are shared with the general public.

For more information, see CDC's COVID-19 Guidance for Shared or Congregate Housing.

Should wildfire management agencies screen personnel for signs and symptoms of COVID-19?

All personnel should be encouraged to self-monitor for symptoms before they come to work. Workers who have symptoms of COVID-19 should immediately notify their supervisor and safety officer and self-isolate. They can also enter their symptoms into the CDC Coronavirus Self-Checker to determine whether they need to seek medical care.

Wildfire agencies should ensure that sick leave policies are flexible and consistent with public health guidance, and that employees are aware of and understand these policies.

Wildfire agencies should consider implementing daily temperature checks and symptom screening, consistent with the White House guideline for Opening Up America Again 🗹 . Consider a program for screening workers before entry into the workplace or fire incident, based on CDC guidance for screening employees for COVID-19, which includes:

- Verbal screening (from a distance of at least 6 feet) to determine if workers have had symptoms of COVID-19 within the past 24 hours.
- Checking temperatures of workers at the start of each shift to identify anyone with a fever of 100.4°F or greater.
 - Ensure that screeners are trained to use temperature monitors.
 - Make sure that temperature monitors are accurate under conditions of use (such as cold or hot temperatures).
 - Avoid direct sunlight when recording temperatures.
- Preventing employees from entering the workplace if they have a fever of 100.4°F or greater, or if verbal screening results indicate that the worker may have COVID-19.
 - Encourage workers to self-isolate and contact a healthcare provider.
 - Provide information on the agency's return-to-work policies and procedures which may be informed by CDC's Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings interim guidance.
 - Inform the employer health unit (if in place), incident medical unit, and supervisor so the worker can return home and self-isolate.

Ensure that personnel performing screening activities, including temperature checks, are appropriately protected from exposure to potentially infectious workers.

- Implement engineering controls, such as physical barriers or dividers or rope and stanchion systems, to maintain at least six feet between screeners and workers being screened.
- If screeners need to be within six feet of workers, provide them with appropriate personal protective equipment (PPE) based on the tasks being performed.
 - At minimum, screeners should wear facemasks.
 - Additional PPE may include gloves, gowns, and face shields.
 - N95 filtering facepiece respirators (or more protective) may be appropriate for workers performing screening duties and necessary for workers managing a sick employee who has symptoms of COVID-19 in the work environment (see below). Note: If respirators are needed, they must be used in the context of a comprehensive respiratory protection program that includes medical exams, fit testing, and training in accordance with OSHA's Respiratory Protection standard (29 CFR 1910.134 1).

Are first responders, like wildland firefighters, being prioritized for those who will be tested for COVID-19?

At this time, first responders with symptoms of coronavirus are classified by CDC as high priority for getting tested for COVID-19. The process and locations for testing vary by location or jurisdiction. Contact your state, local, tribal, or territorial health department for more information, or reach out to a medical provider in your jurisdiction. CDC does not do individual testing.

While traveling between assignments or during fire responses (via large transport vehicles), it is often not practical to implement social distancing measures. However, the following actions can be taken to prevent transmission of the virus during travel.

- Following screening guidance presented above and from CDC, continue screening personnel for symptoms of COVID-19 and temperature checks before travel and throughout a response. If screening identifies a worker suspected to have COVID-19, the worker should return home or self-isolate and not travel.
- Wear a facemask or cloth face coverings, when appropriate and when interacting with individuals outside of your unit, as a source control.
- Wash hands with soap and water or using hand-sanitizer containing at least 60% alcohol:
 - After blowing one's nose, coughing, or sneezing
 - After using the restroom
 - Before eating or putting anything in the mouth
 - Before and after preparing food
 - After touching high-contact surfaces that could be contaminated (e.g., door handles, phones, computers)
 - After contact with animals or pets
- Avoid touching eyes, nose, or mouth.
- Turn the vehicle ventilation fan(s) to high, in non-recirculating mode, and/or open windows to maximize the intake of outdoor air.
- Clean and disinfect frequently touched surfaces on a routine basis such as:
 - In the truck cab (door handles, steering wheel, seat belts and buckles, arm and head rest, seat cover, turn signal, wiper controls, dashboard, air ducts, radio, and temperature and other controls).
 - Other surfaces like controls, and other flat surfaces that are touched.
 - If a third party must have access to the interior of your truck (for example, mechanics, other drivers, inspectors), request that the third party clean and disinfect the truck before turning it back over to you.
 - For disinfection, use products that meet EPA's criteria for use against SARS-CoV-2 ☑, diluted household bleach solutions, or alcohol solutions with at least 70% rubbing alcohol, and are appropriate for the surface. Follow the manufacturer's directions for use, and clean your hands afterwards.

For more information, see CDC guidance for Coronavirus and Travel in the United States.

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What precautions should wildland firefighting personnel take when they come off assignment and return back home to their families?

When crew members return home after an assignment, they should continue to self-monitor for fever and symptoms. Personnel who feel sick should follow CDC guidance for What to Do If You Are Sick. Personnel who have vulnerable family members within their home should consider social distancing from those family members or wearing a facemask or cloth face covering if social distancing is not possible, even if they feel well and do not have symptoms, for 14 days.

What does CDC recommend for wildland firefighting personnel who have been in close contact (less than 6 feet) with a person with suspected or confirmed COVID-19?

If wildfire personnel have direct personal contact with an individual with suspected or confirmed COVID-19, they should take the following actions:

- Immediately perform hand hygiene (i.e., use alcohol-based hand sanitizers with at least 60% alcohol or wash hands with soap and water for at least 20 seconds).
- Avoid touching eyes, nose, and mouth.
- Clean and disinfect any clothing items or surfaces that were potentially exposed (coughed on, sneezed on, or exposed to body fluids) as soon as possible.
 - $\circ~$ Non-porous items can be disinfected using products that are EPA-approved for use against the virus ${igside C}$.
 - Porous items, like clothing and other reusable personal protective equipment (PPE), should be replaced as soon as possible. The potentially contaminated items should be laundered according to manufacturers' recommendations using the warmest water available.
 - Gloves (e.g., nitrile or latex) should be worn when touching potentially contaminated items or applying disinfectants. Perform hand hygiene upon removing gloves or other PPE.

If personnel and resources are available, it is most protective for wildfire personnel who were exposed to an individual with suspected or confirmed COVID-19 to stay at home until 14 days after exposure if the exposure was prolonged (10 minutes or more) or if the exposure was of concern (e.g., the individual coughed or sneezed on the worker).

If personnel and resources are not available, wildfire personnel (considered critical infrastructure workers) may be permitted to continue to work after exposure to ensure continuity of operations. To continue working, the exposed worker should be symptom-free, and the employer should use the following prevention strategies:

- Screen the exposed worker for symptoms of COVID-19 before each work shift.
- Regularly monitor the exposed worker for symptoms, under the supervision of a qualified healthcare provider.
- Ensure the exposed worker practices social distancing during his/her work shift by assigning tasks where he/she can still work but remain at least 6 feet away from others, if possible.
- Ensure the exposed worker wears a facemask (or cloth face covering only if facemasks are unavailable) to protect others.

If an exposed worker develops symptoms of COVID-19 and is still working, the employer should:

- Provide a facemask for the worker to wear (if not already wearing one).
- Send the worker to the medical unit, if available, for evaluation to determine if medical care is needed. If a medical

unit is not available, encourage the worker to call a qualified medical provider for guidance.

- Send the worker home if it is safe for the worker to travel and make sure the worker is wearing a facemask. If it is not safe for the worker to travel, isolate the worker from others on the crew and require the worker to wear a facemask.
- Ensure the worker is provided with necessary supplies, including food, water, and hygiene items, while he/she is self-isolating.
- Encourage the worker to follow CDC guidance for What to Do If You Are Sick.
- Clean and disinfect any surfaces and areas the worker may have touched.
- Follow CDC guidance to determine when the worker can return to work.

What precautions should be implemented for protecting firefighters and other personnel at fire camps?

Fire camps can include thousands of personnel living together and working collectively to respond to a wildfire, often in remote areas. In many ways, fire camps are like small communities. For example, fire camps employ a number of support personnel, some of whom may be considered at higher risk for severe illness from COVID-19 (e.g., people 65 years and older, or people with serious underlying medical conditions). Also, fire camps have many people coming and going throughout the day. Therefore, extra precautions should be taken. *Note:* Many of the recommendations in CDC's COVID-19 Guidance for Shared or Congregate Housing also apply to fire camps.

The following are protective measures that can be employed within the fire camp to prevent COVID-19 transmission:

- Screening of temperature and symptoms for everyone entering a fire camp and daily screening for those who remain at the camp
- Encouraging personnel to maintain social distancing (6 feet or more) as much as feasible
- Wearing cloth face coverings as a form of source control
- Providing hand washing stations (soap and water) or hand sanitizers containing at least 60% alcohol throughout the camp, especially outside bathrooms, portable toilets, and dining facilities
- Providing individual bottles of hand sanitizer for all personnel at the fire camp
- Ensuring bathrooms, portable toilets, and handwash stations are well stocked with hygiene products (e.g., soap and water, hand sanitizer, paper towels)
- Using disinfectants approved by the EPA for use against COVID-19 🖸 to clean showers, bathrooms, sinks, portable toilets, and handwash stations at least twice a day (in the morning and evening after heavy use) and commonly-touched surfaces in the dining facility before and after each meal. Make sure individuals doing the cleaning are trained on the proper application of the disinfectant and wear protective disposable gloves and other PPE as recommended by the disinfectant manufacturer
- Instructing personnel to avoid placing toothbrushes (or other personal items) directly on sinks as that is a potential contamination pathway. Individual totes may be used to carry and keep personal items off sinks
- Ensuring that food service personnel wear disposable gloves during preparation and serving of food and practice recommended hand hygiene
- Staffing drink stations to limit the number of people touching the drink machines
- Instructing personnel not to share personal items (e.g., cups, canteens, safety glasses, etc.) with others
- Using ventilation systems, fans, or open windows to increase outdoor air circulation in enclosed spaces within the fire camp including command tents, dining facilities, and showers
- Establishing housing in one area of the fire camp (or nearby community) that could be used for isolation, if necessary, and assigning someone on staff to make sure that anyone being isolated is provided with necessities. *Note:* it is likely people will get sick with illnesses other than COVID-19, but out of an abundance of caution, all illnesses should be treated as COVID-19 until medical staff determines otherwise
- Ensuring medical staff in the fire camp are familiar with the CDC Guidance for Healthcare Professionals, which provides information on control measures, including PPE that should be worn, when caring for individuals with known or suspected COVID-19

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